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ABSTRACT

The final report describes the Getting Started Together Project which provided inservice/continuing education for health and education professionals serving Nebraska's handicapped and at-risk children birth to 3 years of age. The programs's objectives were: (1) develop a 48-hour curriculum on developmental and psychosocial needs of the handicapped infant; (2) define and deliver this training to health professionals; (3) develop teaching tools to support this training; and (4) develop and implement a plan of evaluation. Among project activities were implementation of a needs assessment; development of the curriculum which included assessment, intervention, parent techniques, developmental disabilities, case coordination, and interdisciplinary team development; presentation of the curriculum through a variety of delivery methods (e.g., brief local courses, telecommunications courses, and independent learning packets); and evaluation using both formative and summative techniques. A special feature of the program was the collaboration of experts from the fields of special education, nursing, and continuing education. The training model is recommended for replication in other states. Appendixes include brochures describing inservice offerings, a listing of dissemination activities, and dissemination brochures. Includes 13 references. (DB)

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GETTING STARTED TOGETHER:

Training Health Professionals in the Care of Handicapped Infants

FINAL REPORT

University of Nebraska Medical Center
Meyer Rehabilitation Institute
and College of Nursing

EC 232177

Getting Started Together

Health and Education Communities Working with Infants and Families

FINAL REPORT

A Handicapped Children's Early Education Project
Office of Special Education and Rehabilitation Services
U.S. Department of Education
Project Number: 024QH70009
Grant Number: G008630474

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December 27, 1989

Abstract

Getting Started Together:
Health and Education Communities
Working with Infants and Families

A Handicapped Children's Early Education Project

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Purpose

This cosponsored project provided in-service/continuing education for health and education professionals who care for handicapped and at-risk children, birth to 3 years of age, throughout the state of Nebraska. This project focused on teaching professionals the development of a family systems approach to assist in addressing the needs of all family members affected by the infant's handicapping condition.

Objectives

The four objectives were:

1. Develop a 48-hour curriculum on developmental and psychosocial needs of the handicapped infant.
2. Define and deliver this training to health professionals.
3. Develop teaching tools to support this training.
4. Develop and implement a plan of evaluation.

Model Components and Activities

The objectives of the project were completed through the following activities:

1. Implementation of a needs assessment, including consultation on the total project from a statewide advisory committee, community agencies, content experts, and consumers both locally and nationally.
2. Development of a 48-hour curriculum that included: (a) assessment, (b) interventions for care of the handicapped infant, (c) intervention techniques with parents, (d) developmental disabilities, (e) case coordination, and (f) interdisciplinary team development.
3. Presentation of the curriculum to health and education professionals throughout the state by a variety of continuing education delivery methods: (a) one and two-day courses locally, (b) circuit courses statewide, (c) telecommunications courses, (d) nursing faculty institute, and (e) independent learning packets.
4. Development of teaching tools and materials to support educational efforts.
5. Evaluation using both formative and summative techniques.

Special Features

A special feature of this project was the collaboration of experts from the fields of Special Education, Nursing, and Continuing Education working together to provide quality training for the health professionals caring for handicapped infants. Another feature was the preparation of a quality training model that can be replicated in other states.

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GETTING STARTED TOGETHER PROJECT STAFF

NAME	PROJECT ROLE	PROJECT YEAR
Cordelia Robinson	Project Co-Director Consultant	1, 2 3
Bevely J. Hays	Project Co-Director	1, 2, 3
Barbara Jackson	Curriculum Coordinator Project Co-Director	1, 2 3
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IV. GOAL AND OBJECTIVES

Goal

The goal of this project was to provide in-service/continuing education for health and education professionals who provide service or care for handicapped and at-risk children birth to 3 years of age. The project was based on a family systems approach and how it assists in addressing the needs of all family members affected by the handicapping conditions of the child age birth to 3 years.

Objectives

1. To develop 48 hours of course content on development and psychosocial needs of the handicapped and high-risk child, birth to 3 years, and his/her family.

2. To define and implement methods of delivery of training for health care professionals throughout the state by providing workshops, circuit courses, and telecommunication courses for continuing education credit.

3. To develop teaching tools to support the training efforts, including complete sets of handout materials for all participants, prepared audio/video tapes, and individual learning modules.

4. To develop an evaluation plan that will include evaluation of the training content and methods of delivery and impact upon the knowledge and competencies of professionals who do the training.

V. THEORETICAL FRAMEWORK

Need for In-Service Training

The recent passage of P.L. 99-457 will lead to increased numbers of professionals from various disciplines interacting with handicapped infants and their families. As a result of this legislation, many health care professionals, as well as educators, are experiencing a growing need for efficient in-service methods for building new staff competencies. It is recognized by many persons associated with early childhood special education programs that professionals across multiple fields require specialized competencies that are not included in current preservice preparation programs.

Unique Role of Infant Specialist

A growing number of infants are at-risk for developmental disabilities and in need of intervention services because of medical advances that prolong life (National Center for Clinical Infant Programs, 1985). Training for professionals from multiple disciplines who work with handicapped infants is critically needed due to the unique role requirements for working with these infants/toddlers (Mowder, 1979). Such specialized training is essential due to the considerable heterogeneity in the population of handicapped and at-risk infants/toddlers and because of the diversity and complexity of the environmental context within which these infants/toddlers are served (Bailey, Farel, O'Donnell, Simeonsson & Miller, 1986). Infant/toddler specialists may work with infants in neonatal or pediatric intensive care units, pediatric specialty clinics, the infant's home, day care settings, toddler programs, or evaluation centers rather than in typical classroom settings. Therefore, professionals working with this population face a formidable challenge as they attempt to meet the service delivery needs of this growing population.

The importance of the role of infant specialist has been stressed in a number of articles (Mallory, 1983; Geik, Gilkerson, and Sponseller, 1982; Zeitlin, DuVerglas, and Windhover, 1982) and several recent conferences. For example, at the Council of Exceptional Children (CEC) Conference in 1984, a panel of early childhood educators affiliated with programs preparing personnel to work with infants met to discuss issues in infant special education personnel preparation programs. Four themes that emerged from that discussion were summarized by Hazen and Freund (1984) as: (1) education of personnel to work with handicapped infants is different from the education of personnel for other preschool programs; (2) the nature of the infant as a learner is unique and distinct from that of other learners; (3) a coordinated, multi-agency approach to service delivery is imperative; and (4) a family system approach must be the focus of programming for handicapped infants. At the aforementioned conference, there was strong agreement regarding the importance and desirability of recruiting personnel from a variety of disciplines and of the need for all personnel working with handicapped infants to be skilled in working with both parents and infants.

It is essential that the infant specialist who works directly with the infant and parent is able to: (1) define specific child and family strengths, needs and objectives; (2) use assessment data to plan and evaluate program effectiveness and efficiency; (3) match evaluation methods to program objectives; (4) clearly define staff roles and responsibilities; and (5) demonstrate flexibility in implementation of the intervention techniques to meet the individual child's and family's needs. These skills are necessary for personnel in all disciplines who work with handicapped infants.

The development of the Getting Started Together (GST) project, cosponsored by the University of Nebraska Medical Center College of Nursing and Meyer Rehabilitation Institute, was in response to this growing need for interdisciplinary continuing education. The goal of this project was to provide in-service/continuing education for health and education professionals who provide service or care for handicapped and at-risk children birth to 3 years of age.

Need for Effective, Data-Based Training Models

Careful planning is required in designing and developing successful continuing education programs. The process of developing effective continuing education includes setting goals, selecting content experts, establishing objectives, selecting methods and media, specifying delivery approaches (Kuromoto and Wyman, 1986), and collecting evaluation data.

Although in-service education has been a well-established procedure for training professionals, evaluation of its effects has been limited. Rigorous empirical research is difficult to conduct because of the multiplicity of variables that comprise any in-service endeavor, the variety of contexts within which new skills are used, and variability in administrative support for the implementation of new practices (Bailey, personal communication, 1989).

Research and program evaluation suggests that a majority of in-service training is not conducted in accordance with known best practices and subsequently is ineffective (Guskey, 1986). There is a continuing need to identify effective in-service models and to continue to collect data to determine the effectiveness of various in-service approaches. The information provided by this project adds information regarding practices for effective in-service delivery.

Data collection efforts must focus on the various components of in-service education, including planning, presentation and follow-up. Data are needed that clearly describe training components and examine the relationship between specific components and participant outcomes.

The GST Project developed a 36-hour curriculum that was based on clear goals, a needs assessment, and an evaluation plan. Evaluation was completed to address formative and summative issues in the development of the project.

VI. DESCRIPTION OF TRAINING MODEL, ACTIVITIES, AND PARTICIPANTS

Development of Interdisciplinary Continuing Education

GST is a continuing education series prepared for health care and education professionals who provide instruction, therapy or care for handicapped and at-risk children from birth to 3 years of age. Content focused on strategies for working with handicapped infants in the context of a family systems approach. The impetus for this project was recognition of the growing need in Nebraska to provide interdisciplinary training due to the increasing number of professionals from various backgrounds working with handicapped infants.

The process of developing continuing education, whether for a single discipline or an interdisciplinary target audience, includes setting goals, selecting content experts, establishing objectives, selecting methods and media, and specifying delivery approaches (Kuramoto & Wyman, 1986). Problems can arise when goals are not clear, needs assessment is inadequate or invalid, or the means of evaluating the impact of continuing education are limited or inadequate (Quantrano & Conant, 1981). The curriculum in the Getting Started Together project was based on a careful needs assessment and clear goals.

The overall project goals reflected the importance of providing information on the development and psychological needs of the handicapped or at-risk infant or toddler and the family, intervention techniques appropriate for the infant, and the importance of a family systems approach. An informal needs assessment was completed through interviews with local content experts and a statewide advisory board established for the project. Experts were then selected from a variety of disciplines to develop the content for modules on specific topics in the curriculum. The modules developed were:

1. **Families' Reaction to the Diagnosis of a Child's Disability.** Information of the impact of a handicapped or at-risk infant on a family's acceptance of and adjustment to the infant.

2. **Assessment of Handicapped and At-Risk Infants.** A common core of knowledge about infant development and the assessment of handicapped and at-risk infants for professionals from a variety of disciplines.

3. **Intervention Techniques with Infants in the NICU.** An overview of the developmental model and ensuing intervention strategies to be used with NICU babies.

4. **Intervention Techniques with Handicapped and At-Risk Infants and Toddlers.** An overview of the developmental model and ensuing intervention strategies to be used with handicapped infants and toddlers.

5. **Intervention Techniques with Parents of Handicapped and At-Risk Infants and Toddlers.** Information on issues in working with parents/families to support their intervention roles with their handicapped infants and toddlers.

6. **Developing an Interdisciplinary Team.** Theory and examples of the interdisciplinary team process including discussion on strategies for ensuing implementation of team recommendations.

7. **Developmental Disabilities.** An overview of etiology, characteristics, and developmental implications of selected developmental disabilities.

8. **Case Coordination Process.** Information about theory and examples of case coordination process with particular emphasis upon discharge planning, coordination of home care, and support of the family as a unit.

Teaching strategies were selected for each module, based on the content. Strategies included lecture, participatory exercises, discussion, case examples, and videotape illustrations. Initially, presentation of the entire curriculum required 48 hours. The final syllabus of module materials was modified for presentation in 36 hours. The syllabus contains objectives, detailed course outline of each presentation within the module, and supporting articles and bibliography.

Methods of Delivery. Selection of the delivery method for a continuing education offering is influenced by access of the audience, the type of content, and the availability of qualified faculty. The challenge was to provide a variety of methods that would meet the needs of both the urban and rural communities. To address these concerns, several methods of delivery were chosen for the material in Getting Started Together.

1. An 8-week series of offerings. Initially, programs were presented one day each week for 8 consecutive weeks at the Center for Continuing Education at the University of Nebraska Medical Center in Omaha. The site was selected for maximum involvement of project faculty and for the potential enrollment of a relatively large number of health care professionals and educators from the most heavily populated areas of eastern Nebraska.

   Brochures announcing the training series were mailed to registered nurses, educators with special education or early development focus, and other professionals including psychologists, occupational therapists, physical therapists, speech therapists, nutritionists, and social workers (see Appendix A). Each registrant received a syllabus of materials prepared for that module.

2. Telephone conference presentations. A portion of the curriculum was presented via the University's dedicated telephone line to nine different locations across Nebraska. Teleconferencing was chosen as a cost-effective means of immediately disseminating portions of the content across the entire state. Two modules were presented via this method. This offering was advertised by a mailing to professionals in the disciplines previously identified (see Appendix A) with the mailings targeted to the telephone sites.

3. Circuit courses. After the 8-week series and the telephone conferences were completed, project faculty visited six regions in Nebraska to assess each region's need for content to be presented as circuit courses.

   It was anticipated that 4 days of training would be available per site. Invitations to attend the assessment meetings were sent to special education teachers, administrators, and speech pathologists from designated educational services as well as health care professionals and social service professionals from the selected community.

   At each meeting, the 48-hour curriculum was reviewed. Curriculum modules were then selected for presentation in two 2-day offerings at each site. In collaboration with the community representatives, the project staff determined the schedule for the circuit course. A brochure advertising these offerings was developed and distributed (see brochure, Appendix A). Each circuit course participant received a syllabus for the module which included the detailed outline, articles and bibliography.

   Circuit courses were provided at six different sites. This method enabled the project staff to meet the individual community in-service needs with a minimum of time invested in preparation.

4. Faculty Institute. Another major activity during the second year of the project was the Faculty Institute held May 22-25, 1988. This activity was undertaken in addition to the originally proposed activities to magnify the impact of the project by presenting portions of the 48-hour curriculum to the maternal-child nursing faculty who teach nursing students.

   As part of the planning for the institute, two consultations were held at the end of Year 1. Janice Noack, Ph.D., R.N., and Patricia Pierce, Ph.D., R.N., offered consultation on the content and length of the institute. The institute was designed to provide: (1) content on working with handicapped infants in the context of a family system approach, and (2) methods to incorporate the content into undergraduate nursing curricula. National and local experts alternated presentation and group discussion to address these issues.

A descriptive flyer was mailed nationwide to schools and colleges of nursing announcing the offering 4½ months prior to the institute. A more specific brochure describing the educational offering was mailed 2 months before the institute (see Appendix A). Each registrant received the modified syllabus for presentation in 36 hours.

5. Self-Instructional modules. During completion of the continuing education offerings over the first two years, a need to develop self-instructional modules was confirmed. The third year of the project addressed the issue of making valuable continuing education content available to those not able to attend live presentations or telephone conferences.

Many of the individuals in this learner population are located in remote areas of the state. Job constraints or a variety of other reasons prevented their participation in the continuing education activities of Years 1 and 2. In addition, turnover in personnel continually adds new learners to the population. To provide the most flexible learning opportunities possible to these health care, human services, and educational professionals, it was decided to package the curriculum content into ten self-instructional modules, each consisting of a manual and videocassette. These units, to be made available at reasonable cost, could be used by the learners individually or in small groups to provide flexible, quality education in the Getting Started Together curriculum.

The success of the GST curriculum in the first two years of the project reaffirmed the importance of providing the information to the targeted audience. The scope of the project did not allow for transforming all 48 hours of curriculum into self-instructional packets. Resources would adequately support the development of 10 one-hour packets, so the issue of content selection was addressed.

Faculty, practitioners, and supervisory personnel nationwide were surveyed to identify priority topics. The survey consisted of a listing of 28 topics that the GST staff viewed as having potential for the self-instructional packets. Respondents were requested to select 10 of the topics which they gave highest priority for development of a media package with accompanying printed syllabus. In addition, they were asked to identify any existing materials on the 28 topics to reduce the risk of duplicating existing materials.

The GST staff then reviewed the responses and selected 10 topics receiving strong interdisciplinary support. All the topics selected received support from at least 45 respondents and several were chosen by more than 70 respondents as being important and not currently available. The topics of the module are: Developmental Assessment Strategies; Developmental Screening in the 0-3 Population; Observing Infants' Sensorimotor Development; Intervention Strategies for Infants and Toddlers; Developmental Intervention in the Newborn Intensive Care Unit; Parent-Child Interaction; Family-Mediated Intervention; Interpreting "Difficult-to-Read" Cues in the Disabled Infant; Developing an Interdisciplinary Team; and Case Management.

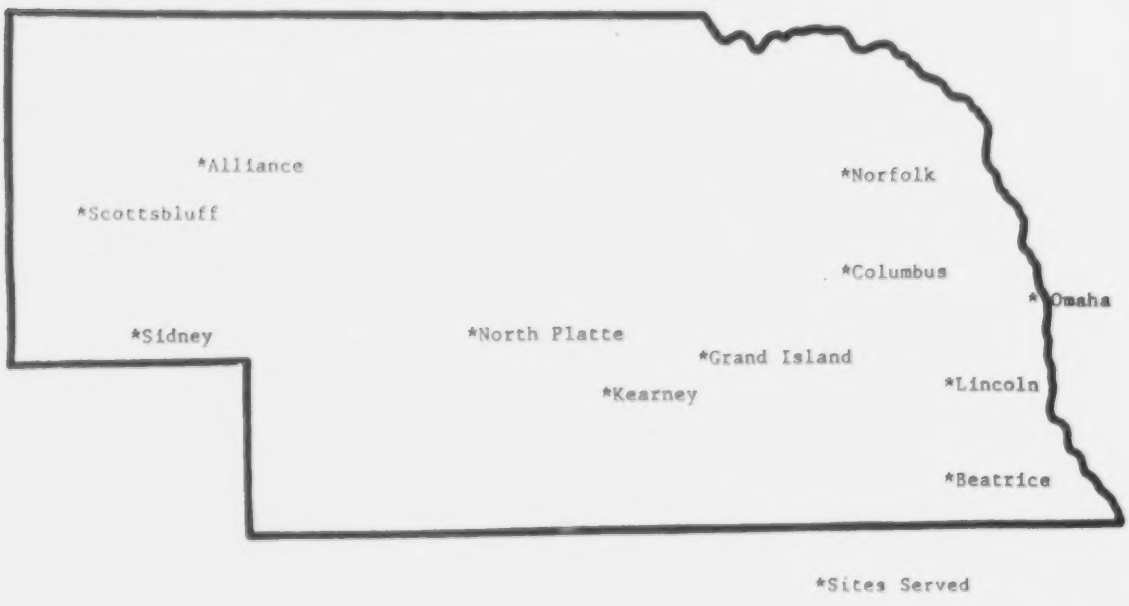
The next step was the selection of primary faculty to coordinate the development of the modules. These faculty worked with the project directors, the program coordinators, and the staff of the biomedical communications department at the University of Nebraska Medical Center to develop the packets. An education consultant was recruited to review and critique the design of each packet. Each module consisted of a videotape with a supporting manual. Each videotape included lecture by a professional in the appropriate discipline plus vignettes which were used throughout the series to illustrate the application of major concepts in daily practice. Each manual guides the learner through the instructional process and provides outlines for notetaking, worksheets for review, and required readings. These modules have been completed and are in the process of being disseminated.

Participants

Over the 3-year project period, workshop modules were delivered to 11 different sites in Nebraska (see Figure 1), with a total of 302 participants attending. Participants were professionals from a wide variety of health care and educational agencies. Disciplines represented by registrants included nursing, special education, school psychology, speech pathology, physical therapy, occupational therapy and social work.

The most comprehensive description of the participants was obtained from the follow-up surveys which were returned by 134 of the 222 participants who received them (60% return). These surveys indicated that the discipline with the greatest representation was nursing (45%), followed by education (23%), and therapy (19%). Four percent were social workers and another 4% were psychologists. The other 5% included administrators, nutritionists, child life coordinators, and others.

Figure 1
Nebraska Sites Where Getting Started Together was Delivered



Level of educational preparation varied from diploma through doctorate. Of the responding participants, 2 hold doctorates, 38 hold Master's Degrees, 54 have baccalaureate preparation, and the remaining participants have a diploma or less than 2 years of college. They came largely from schools (47%), health care settings (31%), and home/community agencies (18%). Most of the respondents were involved in care delivery as clinicians, nurses, or therapists (75 participants). Twenty-eight others identified themselves as teachers and another 11 indicated they held administrative positions.

Of those responding, 68% came from communities with a population base of 10,000 or more. Another 19% came from communities ranging from 5,000-10,000 in population and the remaining 13% worked in communities of less than 5,000. The participants responding were experienced with developmentally disabled children with 45% having more than 6 years experience, 35% having 1-5 years experience, and the remaining 20% less than one year of experience.

At least 30 persons attended each module topic in the various delivery modes (see Table 1). The two modules with the greatest attendance were Developmental Disabilities and Assessment of Handicapped and At-Risk Infants.

Table 1
Getting Started Together
Attendance by Module Topic

Module	Title	Attendance
Module 1 -	Families' Reactions to the Diagnosis of a Child's Disability	110
Module 2 -	Assessment of Handicapped and At-Risk Infants	130
Module 3 -	Intervention Techniques with Infants in the NICU	61
Module 4 -	Intervention Techniques with Handicapped and At-Risk Infants and Toddlers	97
Module 5 -	Intervention Techniques with Parents of Handicapped and At-Risk Infants and Toddlers	116
Module 6 -	Developing an Interdisciplinary Team	30
Module 7 -	Developmental Disabilities	132
Module 8 -	Case Coordination Process	49

VII. METHODOLOGICAL/LOGISTICAL PROBLEMS AND HOW THEY WERE RESOLVED

As a whole, this project was implemented according to the proposed plan. Three changes will be described here that reflect both flexibility of the project staff and the difficulties associated with projecting numbers of registrants.

A major change in approach to this project was in the formatting of the content. At first the project staff believed a minimum of 8 hours was needed to address each topic. We found during the consultations and circuit courses, however, that audiences responded positively to offerings that were a combination of portions of different modules.

As the first year of the project progressed, it was identified that the impact might be magnified by making portions of the 48-hour curriculum available to faculty who teach nursing students. Therefore, an additional 3-day institute for maternal-child faculty was developed and presented. The goal of the institute was to prepare faculty to implement the developed curriculum into graduate and undergraduate school of nursing curricula. This institute, offered in late Spring 1988, incorporated selected content from the 48-hour series in a condensed form. In addition, presenters discussed strategies for incorporating the content into the registrants' nursing curricula.

The maternal-child faculty of undergraduate and graduate schools of nursing were surveyed to determine interest in attending. More than 100 faculty members responded with interest in such an institute. Advertisement of this institute employed mailed brochures to maternal-child faculty in the state of Nebraska and regional states as well as notices in professional publications. Nevertheless, the final enrollment for the institute was a disappointing 12. A follow-up survey indicated that those who had previously indicated interest had multiple reasons for not attending, including unanticipated family events, teaching responsibilities, and failing to recall receiving the brochure. They were still enthusiastic about the content and several suggested we repeat the institute so they could attend!

During the second year of the project, 17 circuit course offerings were held at 7 locations around the state. Advisory Committee Members and State Department of Education personnel had input into the selection of sites. Consultations were then held at each site with invitations to local health and education professionals to attend. Based on these consultations, content from the 48-hour curriculum was selected and dates for the presentations chosen. Despite these methods of involving local persons and potential registrants, three offerings had to be cancelled due to registrations of five or less.

VIII. EVALUATION FINDINGS

BACKGROUND

Continuing education activities typically are voluntary, of varying lengths, temporary, and not repeated, with learners of varied backgrounds (Friss & Lass, 1981). These factors distinguish continuing education from traditional personnel training programs. Evaluation of the effectiveness of continuing education must reflect these factors. Rigorous empirical research regarding the effectiveness of continuing education is difficult to conduct, because of the multiplicity of variables that comprise any continuing education endeavor, the variety of contexts within which learners use new skills, and variability in administrative support for the implementation of new practices (Bailey, 1989).

A conceptual framework for evaluating nontraditional and adult education programs has been suggested by Gooler (1977). Gooler's criteria for evaluation include: (a) relevance to needs and expectations, (b) learner outcomes, (c) generation of knowledge, (d) access, (e) program impact, (f) cost effectiveness, and (g) quality of program offerings. Although continuing education program planners can rarely consider all seven criteria (Friss & Lass, 1981), specific criteria were selected in developing the evaluation plan for this project.

Evaluation Procedures

The evaluation plan for Getting Started Together stressed three of Gooler's seven criteria: relevance to needs and expectations, learner outcomes, and quality of program offerings. Specific purposes of the evaluation were to: (a) identify participants' motivation for attending the workshops and whether their perceived needs were met (relevance to participants' needs and expectations), (b) determine the extent to which session objectives were achieved (learner outcomes), and (c) determine the extent to which the program was organized and the teaching materials effective (quality of program offerings). Methods and procedures were developed to assess these three aspects.

Learner Outcomes

Pre- and post-tests were developed for each of the eight modules. These pre- and post-tests were designed to measure the extent to which the program contributed to a better understanding of the issues and practices with respect to handicapped infants and their families. Each test contained 15 multiple choice questions with one correct answer each. The only exception to this format was the test for the first module, which consisted of a true-false question format.

Pre/Post-Test Discrimination Value

A discrimination index and an item analysis were completed on all test questions used in the pre- and post-test for each module. This information was used in planning the knowledge tests for the self-instructional modules.

Quality of Program Offerings

At the end of each offering, participants were asked to complete a questionnaire on their perceptions of the adequacy of the workshop. The questionnaire included nine general questions regarding the adequacy of the facility and program arrangements, plus six questions specific to the presentation.

Relevance to Needs and Expectations

Relevance of the curriculum to participants' needs and expectations was assessed utilizing follow-up surveys at 6 weeks and 6 months. Information was gathered 6 weeks after the offerings for each delivery method; in addition, a 6-month follow-up survey was completed by participants in the 8-week series. The follow-up survey included information on participants' background, ratings for the motivation for attending the presentations, and ratings of the extent to which the presentations met the participants' needs. Comparisons were made with respect to: (a) expectation for new knowledge, (b) acquisition of new strategies or techniques for working with developmentally disabled children and their families, (c) acquisition of new or additional resources for working with developmentally-disabled children and their families, and (d) opportunity for networking with other professionals. This information provided feedback regarding the extent to which the program met the needs and expectations of the participants, as well as the objectives that had been outlined.

RESULTS

The evaluation results are presented here in two major sections. The first section describes evaluation of the activities during the first two years of the project while curriculum was being presented as in-service offerings. The second section presents evaluation data for the third year's activities of self-instructional module development.

Evaluation of In-service Offerings

Learner Outcomes

Learner outcomes were evaluated for participants in the 8-week series. Independent T tests were performed to compare results of pre- and post-tests. For six of the eight workshops, scores showed significant differences between pre- and post-tests, with improved scores on the post-tests. The mean scores, the number of participants, and significance levels are presented in Table 2. One of the two modules that did not yield significant pre- to post-test gains was the module which had tests in the true-false format, where a guess has a 50% rather than 25% chance of being correct. The other module topic, case management, was very general in nature.

Table 2
8-Week Series: Comparisons of Pre- and Post-Test Scores

Reliability Data				2 Tail Prob.
Module	Pre X	Post X	df	
Families	10.903	10.929	57	.954
Assessment	6.138	8.735	68	.000*
NICU	8.115	10.696	47	.000*
Intervention	8.184	10.400	71	.001*
Interaction	6.455	8.482	58	.001*
Team	7.714	9.538	25	.042*
Disabilities	8.500	12.231	52	.000*
Case Management	8.800	8.778	17	.971

*p < .05

Quality of Program Offerings

At the end of each workshop for all delivery methods, participants were asked to rate satisfaction on a scale of 1-5, with 5 being excellent. Average ratings were 4.10 or above for approximately 75% of the presentations. No presentation received a mean rating below 3.5. No difference was found in satisfaction across method of delivery. Analyses of variance were performed using the 8 modules as the independent variable with the participants' responses on each of the following questions:

1. How organized was the entire program?
2. To what extent did the program meet the course objectives?
3. What was the overall evaluation of the program?

Satisfaction with the organization did not differ significantly among the eight modules. However, the workshops' ability to meet objectives and the overall evaluation differed significantly among the modules. Those with higher ratings typically presented more applied information and less emphasis on theory. These findings support other data that suggest that in-service education is more effective if focused more on skill acquisition than on theory (Bailey, Farel, O'Donnell, Simeonsson & Miller, 1986).

Relevance to Needs and Expectations

The follow-up surveys were evaluated to determine the relevance of the curriculum to participants' needs and expectations, to compare responses between disciplines, and to assess differences between series and single session attendance.

Summary of Survey Results. Dependent T tests were performed comparing participants' responses on follow-up surveys both at 6 weeks and 6 months concerning their motivation for attending the workshop, and whether their needs were met. Table 3 summarizes the survey return rate from participants in the three methods of delivery. Comparisons were made with respect to: (a) expectation for new knowledge, (b) acquisition of new strategies or techniques for working with developmentally-disabled children and their families, (c) acquisition of new or additional resources for working with developmentally-disabled children and their families, and (d) opportunity for networking with other professions. All participants reported that needs for new knowledge, strategies, resources, and networking were met. Mean rating for each element was 4.0 or higher on a 7-point scale. On follow-up surveys after 6 weeks and after 6 months, the mean scores ranged from 4.0 to 6.42. These findings, summarized in Tables 4, 5, 6, and 7, suggest that participants were motivated by all four factors to attend the workshops, and that their needs were met to a high degree.

Table 3
Summary of Return Rate of Follow-Up Surveys

Workshop	Number Attending	6-Week Survey Return	%	6-Month Survey Return	%
8-Week Series	114	62	50	45	40
Teleconference	56	44	78		
Circuit Course	51	27	54		

Table 4
6-Week Follow-Up Survey (8-Week Series): Comparison of Motivation for Attending Workshop with Actual Needs Met

Item		Mean	df	T Values	Significance
Knowledge:	Motivation	5.87	61	2.43	.018*
	Needs Met	5.39			
Strategies:	Motivation	5.84	61	4.40	.000*
	Needs Met	4.89			
Resources:	Motivation	5.47	61	2.01	.049*
	Needs Met	5.05			
Networking:	Motivation	4.36	60	-.39	.698
	Needs Met	4.46			

*p < .05

Table 5
6-Month Follow-Up Survey (8-Week Series): Comparison of Motivation for Attending Workshop with Actual Needs Met

Item		Mean	df	T Values	Significance
Knowledge:	Motivation	5.62	44	2.70	.010*
	Needs Met	5.04			
Strategies:	Motivation	5.76	44	3.89	.000*
	Needs Met	4.69			
Resources:	Motivation	5.41	43	2.18	.035*
	Needs Met	4.89			
Networking:	Motivation	4.45	43	.51	.614
	Needs Met	4.34			

*p < .05

Table 6
6-Week Follow-Up Survey (Telephone Conferencing): Comparison of Motivation for Attending Workshop with Actual Needs Met

Item		Mean	df	T Values	Significance
Knowledge:	Motivation	6.42	42	5.95	.00*
	Needs Met	5.67			
Strategies:	Motivation	6.17	41	7.28	.00*
	Needs Met	4.78			
Resources:	Motivation	5.88	41	4.98	.00*
	Needs Met	4.55			
Networking:	Motivation	4.47	41	1.93	.06
	Needs Met	4.00			

*p < .05

Table 7
6-Week Follow-Up Survey (Circuit Courses): Comparison of Motivation for Attending Workshop with Actual Needs Met

Item		Mean	df	T Values	Significance
Knowledge:	Motivation	5.75	27	3.74	.001*
	Needs Met	4.75			
Strategies:	Motivation	5.71	27	4.71	.000*
	Needs Met	4.46			
Resources:	Motivation	5.57	27	3.85	.001*
	Needs Met	4.45			
Networking:	Motivation	4.64	27	.94	.335
	Needs Met	4.86			

*p < .05

Comparison of Nurses' and Educators' Responses. Dependent T tests were performed to compare educators' and nurses' responses on the 6-week and 6-month follow-up surveys. These surveys included participants' ratings of whether their needs were met for new knowledge, new strategies, resources, and networking. The results suggest that educational needs of teachers may differ from those of nurses. This information is summarized in Tables 8 and 9.

Table 8
6-Week Follow-Up Survey (Telephone Conferencing 1987): Comparison of Motivation for Attending Workshop with Actual Needs Met Comparison of Educators and Nurses on Follow-Up Survey

		Mean		df	T Values	Significance
		Educators	Nurses			
Knowledge:	Motivation	6.50	6.19	28	.82	.416
Strategies:	Motivation	6.29	6.13	27	.47	.642
Resources:	Motivation	6.29	5.87	27	1.07	.299
Networking:	Motivation	4.43	4.63	28	-.37	.705
Knowledge:	Needs Met	6.07	5.13	28	2.07	.045*
Strategies:	Needs Met	4.92	4.69	28	.50	.613
Resources:	Needs Met	4.50	4.69	28	-.36	.717
Networking:	Needs Met	4.07	4.06	29	.02	.981

*p < .05

Educators who participated in the telephone conferencing rated their gain of new knowledge significantly higher than nurses. In contrast, nurses who participated in the spring series rated networking significantly higher than educators.

Table 9
6-Month Follow-Up (Spring 1987): Comparison of Motivation for Attending Workshop with Actual Needs Met
Comparison of Educators and Nurses on Follow-Up Survey

		Mean		df	T Values	Significance
		Educators	Nurses			
Knowledge:	Motivation	6.00	5.61	24	.66	.549
Strategies:	Motivation	6.50	5.44	24	2.36	.106
Resources:	Motivation	6.12	5.17	24	2.06	.144
Networking:	Motivation	4.62	5.06	24	-.78	.561
Knowledge:	Needs Met	5.37	5.50	24	-.20	.847
Strategies:	Needs Met	5.37	5.22	24	.24	.815
Resources:	Needs Met	5.75	5.47	23	.53	.607
Networking:	Needs Met	3.75	5.29	23	-2.97	.009*

*p < .05

Comparison of Series and Single-Session Participant Responses. Independent T tests were performed comparing participants' responses on follow-up surveys with respect to their motivation for attending the workshop and whether the needs were met. Comparisons were made with respect to whether they participated in a single day of the series, versus the entire 8-week series. No significant differences were noted between the two groups at 6 weeks, which suggests that the modules in the series can stand on their own and do not need to be taken as a series.

Results of the 6-month follow-up indicated that participants in the entire series showed higher motivation for networking than did those who attended only selected sessions. Those who attended the entire series rated needs met higher in the areas of obtaining new knowledge and strategies, identifying resources for working with developmentally-disabled infants and their families, and networking with other professionals. The information is summarized in Table 10.

Participants attending the whole series rated satisfaction higher in those four areas than did those attending just one workshop. The significant differences shown in the 6-month follow-up data suggest that: (a) networking was the strongest motivation for attending in the series group, and (b) ratings of needs met for new strategies, resources, and networking were significantly higher for the series group. This suggests that respondents perceived information as more valuable at a later time than they did soon after the programs.

Table 10
6-Month Follow-Up Survey (8-Week Series): Comparison of Participant Responses Who Attended 1 Module Versus 8 Module Series

Item	Single Day of Series	Entire Series	df	T Values	Significance
Motivation:					
Knowledge	5.40	5.50	15.72	- .17	.871
Strategies	5.30	6.00	18.90	-1.24	.230
Resources	4.75	5.83	21.52	-2.07	.050
Networking	3.60	6.00	20.77	-3.99	.001*
Needs Met:					
Knowledge	5.05	5.67	10.12	-1.03	.826
Strategies	4.10	6.00	18.71	-3.89	.002*
Resources	4.42	6.17	18.18	-3.73	.002*
Networking	3.84	5.83	16.78	-3.40	.003*

*p < .05

These results support the staff development model proposed by Guskey (1986) that suggests that staff change resulting from in-service education is a learning process that is developmental and experientially based. He suggests that once staff have implemented training content in practice, their attitudes and beliefs regarding the usefulness of the in-service will be affected. Based on this model, the 6-month follow-up data would support the premise that over time the techniques presented were found useful and, therefore, perceptions became more positive.

Evaluation of Self-Instructional Modules

Field testing the self-instructional modules was an important aspect of the formative evaluation process for the development of these modules. Three categories of field testers were identified including content experts, consumers, and an educational design consultant. Once each module was completed, it was distributed to seven field testers (three content experts, three consumers, and an educational design consultant) for review of the material.

A survey questionnaire was developed for the purpose of field tester evaluation. Four primary areas were addressed in this evaluation and included content (e.g., were objectives stated clearly, was the material relevant for the learner); instructional design (e.g. organization was clear and logical, manual was easy to use); teacher effectiveness (e.g., teacher was: a. well prepared and organized, b. an effective teacher); and marketing/utilization (e.g., would information be useful in meeting individual or staff development needs, can it be used with individual or groups). Once the information was

returned by the field testers, project staff and the author of the module met to review the comments and make decisions regarding future revisions. All ten modules were field tested in this fashion.

Several decisions were made that were general to all modules and were an outcome of the field testers' input. The primary input was used to polish the overall organization of the manual and videotape. These decisions related primarily to the instructional design of the modules and included actions which resulted in consistency of directions, clarity of instructions, and additional headings. Also related to the instructional design was the feedback that the modules needed to contain increased amounts of vignettes to illustrate the concepts discussed. As a result, modules were modified so there was less use of the professional lecture and still slides and an increased use of vignettes.

Field testers also impacted on changing the content of the modules, primarily in the area of having the objectives changed to reflect the actual content delivered. Occasionally, content was changed to be at a different level. Typically, field testers were suggesting that the level of the materials be simplified. Readings and written materials were changed based on this input.

The final area where global decisions were made was in the area of marketing. Based on input from field testers, it was determined that there needed to be clarity regarding the audience for these modules. Project staff decided to target the modules at an introductory level. In addition it was decided that the modules could be used effectively both for single or small group use.

IX. DISSEMINATION ACTIVITIES

Dissemination efforts were an integral part of grant activities across the 3-year funding cycle. These dissemination activities were conducted at the local, regional, and national levels. Activities in this area included workshop, media and poster board presentations, product dissemination, and publications. These efforts are described as follows:

Presentations

Initially, the major thrust of the dissemination activities was the delivery of information through workshops and poster board presentations at local and national conferences. A total of nine poster board sessions and three workshops were presented during the past 3 years. The Getting Started Together self-instructional series has also been showcased in one media festival and plans are to submit it to a media contest. Specific information regarding the locations and dates of all of these activities can be found in Appendix B.

In efforts to expand interdisciplinary training efforts, Getting Started Together cosponsored a state conference entitled "Early Intervention...The Educator, Physician and P.L. 99-457" with the Nebraska Department of Education and The Nebraska Academy of Pediatrics. The focus was on pediatricians and educators communicating about needs of handicapped infants and their families.

In addition, project staff joined a state contingency to work with four other states at a meeting in Washington sponsored by the National Early Childhood Technical Assistance System (NEC*TAS) to examine issues related to personnel preparation. This meeting was conducted in March of 1989. Plans for the Personnel Preparation Track for the Partnerships in Progress III Conference sponsored by the Federal Interagency Coordinating Council for June 1989 was one outcome of this meeting.

Another major activity was participation in the Early Intervention Faculty Institute sponsored by the University-Affiliated Program (UAP) of South Carolina in May 1989. The UAP adopted the Faculty Institute model developed by Getting Started Together and implemented it in their state. Getting Started Together training materials were utilized as well as one of the Getting Started Together project staff participating in the delivery of a major workshop session.

Materials

Two primary products were developed that are in the process of being disseminated nationally. The first product is the Getting Started Together module syllabus, a detailed summary guide for six training modules based on the training delivered the first 2 years of the project. This syllabus provides 36 hours of diverse curriculum materials for health care and educational professionals who provide instruction, therapy, or care for handicapped and at-risk children from birth to 3 years of age. The modules are designed for use in university classes, in-service sessions, extension courses, and a variety of other teaching situations dealing with the care of infants with disabilities and their families. It is anticipated that the

Getting Started Together materials will help other professionals by: (1) limiting class preparation time, (2) providing information relevant to issues under Public Law 99-457, (3) including extensive bibliographies and selected references, as well as (4) helping organize continuing education sessions. A brochure, which is located in Appendix C, has been developed and disseminated through mailings and poster sessions to market the syllabus.

The second product developed is a series of self-instructional modules for professionals working with handicapped infants and toddlers. The Getting Started Together series consists of ten videotapes with a companion manual for each. The modules may be used for self-instruction or they may be adapted for use with small groups. Each videotape is presented by a professional in the appropriate discipline. Vignettes are used throughout the series to illustrate the application of major concepts in daily practice. The manual which accompanies each videotape guides the learner through the instructional process and provides outlines for notetaking, worksheets for review, and required readings. These modules are being marketed through brochure mailings (see Appendix C) as well as press releases in relevant journals. In addition, information describing them has been presented through the various poster sessions described earlier.

Publications

Dissemination of project procedures and preliminary findings have also been discussed by means of publications. The following three articles were written based on the experiences of the Getting Started Together project.

Jackson, B.J., Hays, B.J., & Robinson, C.C. (in press). Multiple delivery methods for an interdisciplinary audience: Assessing effectiveness. Journal of Continuing Education in the Health Professions.

Benschoter, R., Jackson, B.J., Hays, B.J., & Lindeman, M. Article in final draft form regarding the process of adapting existing curriculum for self-instruction modules. To be submitted to Journal of Continuing Education in the Health Professions.

Nelson, A.E., Hays, B.J., & Clark, G. Caring for the handicapped and at-risk infant and toddler: The nurse's legal and professional responsibilities. To be submitted to Journal of Pediatric Nursing.

X. IMPACT AND CONCLUSION

Getting Started Together has developed a validated model of inter-disciplinary training to enhance professionals' abilities to work with handicapped infants and toddlers and their families. This project has developed a continuing education curriculum based on a needs assessment and clear goals and objectives. Materials have been developed including a six module syllabus and ten self-instructional packages that can provide a framework for other agencies in need of training in this area. Getting Started Together has made extensive efforts to disseminate the model of the materials developed using a variety of different methods. Information has been provided to a wide variety of disciplines at a national level and served as a resource in efforts to implement P.L. 99-457.

Evaluation of the project has been completed to determine its effectiveness. Results suggest that this interdisciplinary continuing education is effective in imparting knowledge by multiple disciplines involved in caring for handicapped and at-risk infants and toddlers and their families. Evaluation also indicates that no one delivery method was more successful than the others in terms of the learner's acquisition of knowledge, learner's perceptions of the quality of the programs, or their perceptions of relevancies to needs and expectations. This data suggests that a variety of methods of delivery can be utilized to meet the in-service needs of professionals with various educational and clinical backgrounds from a variety of urban and rural regions. Therefore, the curriculum developed through this project provides a useful framework for preparing professionals to develop the service mandated by recent federal legislation (P.L. 99-457).

XI. INFORMATION

The Getting Started Together module syllabus, a detailed summary guide for six training modules, and the series of self-instructional modules consisting of ten videotapes and companion manuals are available for purchase through:

Media Resource Center
Meyer Rehabilitation Institute
University of Nebraska Medical Center
444 South 44th
Omaha, NE 68131-3795
Phone: (402) 559-7467
FAX: (402) 559-5737

The Final Report has been submitted to ERIC for consideration for announcement in Resources in Education and distribution.

XII. REFERENCES

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APPENDIX A

BROCHURES DESCRIBING IN-SERVICE OFFERINGS

Getting Started Together:

Health and Education Communities Working with Infants and Families

sponsored by

Meyer Children's Rehabilitation Institute

and

University of Nebraska College of Nursing

Iowa Provider #78

GENERAL INFORMATION

Target Audience: Healthcare professionals, educators and others interacting with infants and toddlers with disabilities and their families.

C. E. Credit: This offering meets the criteria for 7.2 contact hours per session or a total of 57.6 for the entire series (7.0 per session and 57.5 total series for Iowa) of continuing education credit through the College of Nursing which is accredited by the Central Regional Accrediting Committee of the American Nurses' Association. Content includes subject matter in sections 5.3(2)a(1) and (5) of the Iowa Administrative Code. Credit for social workers, dieticians, physical and occupational therapists, and speech pathologists has been applied for.

Location: Center for Continuing Education
University of Nebraska Medical Center
42nd & Dewey Avenue, Omaha, Nebraska 68105-1065
(402) 559-4152

Fee: The fee for the entire series is $60 per person; the fee for individual sessions is $10 per session. Fees include the cost of handouts, continuing education credit, lunch, breaks and other amenities involved with providing a pleasant learning experience.

Cancellation: Fee paid will be refunded less a $5 processing fee if notice of cancellation is received one week prior to the course. No refunds will be made after course begins. An offering may be cancelled if it does not draw minimum registrants; therefore, advance registration is requested. Full refunds will be given if course is cancelled by sponsor.

Lodging: Information on lodging available on request.

Information: For further information, call or write University of Nebraska College of Nursing, Continuing Nursing Education Program, 42nd & Dewey Avenue, Omaha, Nebraska 68105-1065, (402) 559-6417.

This project, entitled "Training Health Professionals in the Care of Handicapped Infants," is funded by the U.S. Department of Education, Number G008630474.

PROGRAM DESCRIPTION

Getting Started Together is a continuing education training series for health care and educational professionals who provide instruction, therapy or care for handicapped and at-risk children, birth to two years of age, co-sponsored by the University of Nebraska College of Nursing and Meyer Children's Rehabilitation Institute. This training project, funded by the U.S. Office of Education Special Education Programs, will focus on strategies for working with handicapped infants in the context of a family systems approach.

Faculty: will be selected from UNMC staff and community consultants with expertise in working with infants and toddlers with disabilities and their families.

Handout materials for each session will include objectives, bibliography, outline and questions for evaluation.

Series Objectives:

1. Discuss developmental and psychosocial needs of the handicapped or at-risk infant or toddler and the family.
2. Describe interventions for the handicapped or at-risk infant or toddler and the family.

SCHEDULE

8:00 a.m.	— Registration
8:25	— Welcome
8:30	— Session
10:30	— Break
10:50	— Session
12:20 p.m.	— Lunch
1:30	— Session
3:00	— Break
3:20	— Session
4:20	— Evaluation
4:30 p.m.	— Adjourn

PLANNING COMMITTEE

Meyer Children's Rehabilitation Institute
Linda Esterling, M.A.
Barbara Jackson, M.S.
John McClain, Ph.D.
Susan O'Toole, M.P.H., M.S.
Cordelia Robinson, Ph.D., R.N.

University of Nebraska College of Nursing
Bevely J. Hays, M.S., R.N.
Audrey Nelson, M.S.N., R.N.

OFFERINGS

February 19, 1987 — **Families' Reactions to the Diagnosis of a Child's Disability** presents information on the impact of a handicapped or at-risk infant on a family's acceptance of and adjustment to the infant.
Coordinator: Gay McTate

February 26, 1987 — **Assessment of Handicapped and At-Risk Infants** provides a common core of knowledge about infant development and the assessment of handicapped and at-risk infants for professionals from a variety of disciplines.
Coordinator: Cordelia Robinson

March 5, 1987 — **Intervention Techniques with Infants in the NICU** provides an overview of the developmental model and ensuing intervention strategies to be used with NICU babies.
Coordinator: Kathy Walburn

March 12, 1987 — **Intervention Techniques with Handicapped and At-Risk Infants and Toddlers** provides an overview of the developmental model and ensuing intervention strategies to be used with handicapped infants and toddlers.
Coordinator: Barb Jackson

March 19, 1987 — **Intervention Techniques with Parents of Handicapped and At-Risk Infants and Toddlers** presents information on issues in teaching parents to assume direct intervention roles with their handicapped infants and toddlers.
Coordinator: Cordelia Robinson

March 26, 1987 — **Developing an Interdisciplinary Team** provides theory and examples of the interdisciplinary team process and includes discussion on strategies for ensuring implementation of team recommendations.
Coordinator: Barbara Jessing

April 2, 1987 — **Developmental Disabilities** presents an overview of etiology, characteristics, and developmental implications of selected developmental disabilities.
Coordinator: Audrey Nelson

April 9, 1987 — **Case Coordination Process** provides information about theory and examples of the case coordination process with particular emphasis upon discharge planning, coordination of home care, and support of the family as a unit.
Coordinator: Kaye Bataillon

Getting Started Together

NAME _____ SOCIAL SECURITY # _____

DEGREE OR PROFESSION _____ [ ][ ] SPECIALTY _____ [ ][ ][ ] FOR IOWA LICENSE # _____

ADDRESS _____ CITY _____ STATE _____ [ ][ ] ZIP _____

POSITION/TITLE _____ PLACE OF EMPLOYMENT _____

ALUMNUS OF UNMC? YES___; NO___; FACULTY OR STAFF OF UNMC? YES___; NO___; OFFICE PHONE _____ HOME PHONE _____

DO NOT WRITE IN BLOCKED AREAS

		/					N	A	0	1	4	0		8	7

PLEASE REGISTER ME FOR: Series at $60_____ (00) or following sessions at $10 per session_____:

_____ February 19 (01) _____ March 5 (03) _____ March 19 (05) _____ April 2 (07)

_____ February 26 (02) _____ March 12 (04) _____ March 26 (06) _____ April 9 (08)

TOTAL AMOUNT ENCLOSED _____

PAYMENT: [ ] _____ Check or money order in the amount of $_____ Payable to UNMC Continuing Education

Charge to my: _____ MasterCard; _____ Visa; Good Thru /___/___/___/___/ Amt. Chg. _____

CARD NUMBER _____ SIGNATURE _____

RETURN TO: Center for Continuing Education, University of Nebraska Medical Center, 42nd and Dewey Avenue, Omaha, Nebraska 68105-1065.
TO REGISTER BY PHONE: Call (402) 559-4523.

120186

Getting Started Together:

Health and Education Communities Working with Infants and Families

sponsored by

Meyer Children's Rehabilitation Institute

and

University of Nebraska College of Nursing

39

Fall 1987 — Spring 1988

PROGRAM DESCRIPTION

Getting Started Together is a continuing education training series for health care and educational professionals who provide instruction, therapy or care for handicapped and at-risk children, birth to two years of age, co-sponsored by the University of Nebraska College of Nursing and Meyer Children's Rehabilitation Institute. This training project, funded by the U.S. Office of Education Special Education Programs, will focus on strategies for working with handicapped infants in the context of a family systems approach.

Faculty: will be selected from UNMC staff and community consultants with expertise in working with infants and toddlers with disabilities and their families.

Handout materials for each session will include objectives, bibliography, outline and questions for evaluation.

Series Objectives:

1. Discuss development and psychological needs of the handicapped or at-risk infant or toddler and the family.

2. Describe interventions for the handicapped or at-risk infant or toddler and the family.

GENERAL INFORMATION

Target Audience: Healthcare professionals, educators and others interacting with infants and toddlers with disabilities and their families.

Fee: The fee for all day sessions is $10. Saturday half-day sessions are $5. Fees include the cost of handouts, continuing education credit, lunch (except Saturday), breaks and other amenities involved with providing a pleasant learning experience.

Academic Credit: Academic credit may be possible by individual arrangement. Contact Cordelia Robinson, Ph.D., R.N. (402) 559-5766.

C.E. Credit: This offering meets the criteria for 7.2 contact hours per session (7.0 per session for Iowa) of continuing education credit through the College of Nursing which is accredited by the Central Regional Accrediting Committee of the American Nurses' Association. Meets IBON Criteria #1 and #5. Credit for social workers, dieticians, physical and occupational therapists, and speech pathologists has been applied for.

Cancellation: Fee paid will be refunded less a $5 processing fee if notice of cancellation is received one week prior to the course. No refunds will be made after course begins. An offering may be cancelled if it does not draw minimum registrants; therefore, advance registration is requested. Full refunds will be given if course is cancelled by sponsor.

SCHEDULE

Sessions scheduled on weekdays will be from 8:00 a.m.-4:30 p.m. Sessions on Saturday will be from 8:00 a.m.-12:30 p.m.

FALL — 1987

SCOTTSBLUFF Panhandle Research & Extension Center
September 30 — Modules 1 and 5
October 1 — Module 3

NORTH PLATTE Best Western Circle C
October 1 — Module 2
October 2 — Module 4

LINCOLN Villager Motor Inn
October 14 — Modules 1 and 5

NORFOLK Norfolk Country Inn
October 16 — Modules 2 and 3
October 17 — Module 4

GRAND ISLAND Holiday Inn, I-80
November 5 — Module 3
November 6 — Module 7

BEATRICE Southeast Community College
November 12 — Modules 1 and 5
November 13 — Module 7

SPRING — 1988

NORFOLK Norfolk Country Inn
February 12 — Modules 1 and 5
February 13 — Module 7

BEATRICE Southeast Community College
February 18 — Modules 2 and 3
February 19 — Module 4

LINCOLN Villager Motor Inn
February 24 — Modules 2 and 3

SCOTTSBLUFF Panhandle Research & Extension Center
March 2 — Modules 2 and 7
March 3 — Module 4

NORTH PLATTE Best Western Circle C
March 3 — Modules 1 and 5
March 4 — Modules 6 and 8

LINCOLN Villager Motor Inn
March 10 — Modules 4 and 7

KEARNEY Fort Kearny Inn
March 24 — Modules 1 and 5
March 25 — Module 2

PLANNING COMMITTEE

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Sandy Houser, M.S.N., R.N.
Barbara Jackson, M.S.
John McClain, Ph.D.
Cordelia Robinson, Ph.D., R.N.

University of Nebraska College of Nursing
Bevely J. Hays, M.S., R.N.
Audrey Nelson, M.S.N., R.N.

MODULES

1. **Families' Reactions to the Diagnosis of a Child's Disability** presents information on the impact of a handicapped or at-risk infant on a family's acceptance of and adjustment to the infant.
   Coordinator: *Cordelia Robinson*

2. **Assessment of Handicapped and At-Risk Infants** provides a common core of knowledge about infant development and the assessment of handicapped and at-risk infants for professionals from a variety of disciplines.
   Coordinator: *Cordelia Robinson*

3. **Intervention Techniques with Infants in the NICU** provides an overview of the developmental model and ensuing intervention strategies to be used with NICU babies.
   Coordinator: *Kathy Walburn*

4. **Intervention Techniques with Handicapped and At-Risk Infants and Toddlers** provides an overview of the developmental model and ensuing intervention strategies to be used with handicapped infants and toddlers.
   Coordinator: *Barb Jackson*

5. **Intervention Techniques with Parents of Handicapped and At-Risk Infants and Toddlers** presents information on issues in teaching parents to assume direct intervention roles with their handicapped infants and toddlers.
   Coordinator: *Cordelia Robinson*

6. **Developing an Interdisciplinary Team** provides theory and examples of the interdisciplinary team process and includes discussion on strategies for ensuring implementation of team recommendations.
   Coordinator: *Kaye Bataillon*

7. **Developmental Disabilities** presents an overview of etiology, characteristics, and developmental implications of selected developmental disabilities.
   Coordinator: *Audrey Nelson*

8. **Case Coordination Process** provides information about theory and examples of the case coordination process with particular emphasis upon discharge planning, coordination of home care, and support of the family as a unit.
   Coordinator: *Kaye Bataillon*

Information: For further information, call or write University of Nebraska College of Nursing, Continuing Nursing Education Program, 42nd & Dewey Avenue, Omaha, Nebraska 68105-1065, (402) 559-6417.

This project, entitled "Training Health Professionals in the Care of Handicapped Infants," is funded by the U.S. Department of Education, Number G008630474.

Getting Started Together

Fall, 1987 and Spring, 1988

Pre-registration is requested!

NAME _____ SOCIAL SECURITY # _____

R.N.___; LPN___; BSN___; Other___ SPECIALTY _____ FOR IOWA LICENSE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION/TITLE _____ PLACE OF EMPLOYMENT _____

ALUMNUS OF UNMC? YES___; NO___; FACULTY OR STAFF OF UNMC? YES___; NO___; OFFICE PHONE _____ HOME PHONE _____

DO NOT WRITE IN BLOCKED AREAS

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PLEASE REGISTER ME FOR:

Getting Started Together — Fall 1987 (NA0130088)

Scottsbluff:	(01) _____ 9/30	(02) _____ 10/1
North Platte:	(03) _____ 10/1	(04) _____ 10/2
Lincoln:	(11) _____ 10/14	
Norfolk:	(05) _____ 10/16	(06) _____ 10/17
Grand Island:	(07) _____ 11/5	(08) _____ 11/6
Beatrice:	(09) _____ 11/12	(10) _____ 11/13

Getting Started Together — Spring 1988 (NA0140088)

Norfolk:	(01) _____ 2/12	(02) _____ 2/13
Beatrice:	(03) _____ 2/18	(04) _____ 2/19
Lincoln:	(11) _____ 2/24	
Scottsbluff:	(05) _____ 3/2	(06) _____ 3/3
North Platte:	(07) _____ 3/3	(08) _____ 3/4
Lincoln:	(12) _____ 3/10	
Kearney:	(09) _____ 3/24	(10) _____ 3/25

Registration fee is $10 each day; $5 for Saturday session in Norfolk.

PAYMENT: _____ Check or money order in the amount of $_____ Payable to UNMC Continuing Education

Charge to my: _____ MasterCard; _____ Visa; Good Thru _____ Amt. Chg. _____

CARD NUMBER _____ SIGNATURE _____

RETURN TO: Center for Continuing Education, University of Nebraska Medical Center, 42nd and Dewey Avenue, Omaha, Nebraska 68105-1065.
TO REGISTER BY PHONE: Call (402) 559-4523.

072987

GETTING STARTED TOGETHER:

Health and Education Communities Working with Infants and Families

AN INSTITUTE FOR NURSING FACULTY

MAY 22-25
OMAHA
NEBRASKA

Presented by University of Nebraska College of Nursing
Meyer Children's Rehabilitation Institute University of Nebraska Medical Center

GENERAL INFORMATION

Audience

This institute is designed especially for nursing faculty to provide content and practical methods on working with handicapped infants in the family system approach. Strategies for incorporating workshop material into the nursing curricula will be provided. National and local curriculum experts will alternate formal presentations with informal group discussions to address the key issues facing nursing faculty across the country.

Program Description

Getting Started Together is a continuing education training series for health care and educational professionals who provide instruction, therapy or care for handicapped and at-risk children from birth to two years of age. The program focuses on strategies for working with infants with handicaps in the context of a family systems approach.

Sponsors

Sponsors are the University of Nebraska College of Nursing and Meyer Children's Rehabilitation Institute of the University of Nebraska Medical Center, a nationally recognized leader in the field of developmental disabilities and chronic handicapping conditions.

Education Course Materials

Each registrant will receive an extensive course syllabus and workbook containing a detailed outline of each workshop session, lists of supporting media and annotated bibliographies.

Fees and Registration Deadline

The registration fee for the Institute for Nursing Faculty is $55. Participants may also register for an optional pre-session on liver transplantation for an additional fee of $10. Registration deadline is May 6.

Credit

Twenty-four contact hours will be awarded through the College of Nursing, University of Nebraska, an accredited provider of continuing education for nursing through the American Nurses' Association, Central Region Accrediting Committee. Content includes subject matter in section 5.3 (2)a(1) of the Iowa Administrative Code, Iowa provider number 78.

Cancellation

A $5 processing fee will be assessed if notice of registration cancellation is received one week prior to the workshop. No refund can be given after the workshop begins. This offering may be cancelled for due cause by the sponsors and a full refund given.

For more information, contact:

University of Nebraska College of Nursing
Continuing Nursing Education Program
42nd and Dewey Avenue
Omaha, Nebraska 68105-1065
(402) 559-6417

Planning Committee

Meyer Children's Rehabilitation Institute
University of Nebraska Medical Center

Kaye Batallion, MS
Linda Esterling, MA
Sandra Houser, MSN, RN
Barbara Jackson, MS
John McClain, PhD
Cordelia Robinson, PhD, RN

University of Nebraska College of Nursing

Bevely J. Hays, MS, RN
Audrey Nelson, MSN, RN

ABOUT OMAHA

Omaha, a friendly and progressive city, offers something for everyone. From thoroughbred racing to nationally renowned museums and theaters, from Father Flanagan's Boys Town to the Strategic Air Command, Omaha represents midwestern diversity and hospitality at its best. Institute facilities are located in the heart of redeveloped downtown Omaha. Participants may enjoy a relaxing stroll along the scenic Central Park Mall and an open air trolley ride to the outdoor cafes, shops and galleries of the historic Old Market district adjacent to the conference sites. From morning to night, Omaha provides ample opportunity for learning and entertainment to suit every interest.

Greater Omaha Convention and Visitors Bureau

OBJECTIVES

AN INSTITUTE FOR NURSES: OBJECTIVES

Through this institute, nursing faculty will have an opportunity to:

Update and expand their knowledge of the developmental and psychological needs of the handicapped and at-risk infant or toddler and the family. Discussion will focus on a variety of timely topics including:
- — Assessment strategies
- — Family impact
- — Intervention strategies
- — Case coordination
- — Developmental disabilities

Discover practical strategies for incorporating content and clinical experiences regarding developmental disabilities into the nursing curricula.

Explore a variety of learning experiences to enhance student knowledge of developmental disabilities.

LIVER TRANSPLANTATION:
PRE-SESSION OBJECTIVE

Institute participants may register for an optional pre-session which focuses on the team approach for the care of the child undergoing liver transplantation and support of his or her family.

The Registration Desk will be open:

Sunday, May 22, 1988
Red Lion Inn
16th and Dodge
Mezzanine Level
12:30 to 2:00 p.m.
5:00 to 7:00 p.m.

SESSION PRESENTERS

Beth Conover, MS, RN
Genetic Counselor, Hattie B. Munroe Center for Human Genetics
Meyer Children's Rehabilitation Institute

Joanie Dinsmore, BSN, RN
Nurse Specialist, Project Continuity, University of Nebraska Hospital

Sandra Houser, MSN, RN
Instructor, University of Nebraska College of Nursing
Director of Nursing, Meyer Children's Rehabilitation Institute

Barbara Jackson, MS
Coordinator of Special Education, Meyer Children's Rehabilitation Institute

L. Colette Jones, PhD, RN
Associate Dean of Graduate Nursing, University of Nebraska College of Nursing

Cordelia Robinson, PhD, RN
Associate Professor, University of Nebraska College of Nursing
Director of Special Education, Meyer Children's Rehabilitation Institute

Carolyn Scoville, MS
Assistant Director of Child Life, University of Nebraska Hospital

D. J. Scrivner, BSN, RN
Pediatric Specialty Nurse, University of Nebraska Hospital

Wayne Stuberg, MS, PT
Assistant Professor, Physical Therapy Education, University of Nebraska Medical Center
Director of Physical Therapy, Meyer Children's Rehabilitation Institute

Lynne Willett, MD
Associate Professor of Pediatrics, Division of Neonatology, University of Nebraska Medical Center
Medical Director — NICU/Normal Newborn Nursery, University of Nebraska Hospital

Patrick Wood, MD
Assistant Professor of Surgery, College of Medicine, University of Nebraska Medical Center

FEATURED SPEAKERS

Delores A. Gaut, PhD, RN, is Associate Dean of Academics at the University of Colorado Health Sciences Center School of Nursing (undergraduate, graduate and doctoral programs) in Denver. Dr. Gaut has authored many articles on nursing, nursing education and health care issues and has been cited in a variety of professional publications. She brings a clinical background in pediatric nursing coupled with a wealth of teaching and administrative experience in the university setting.

Florene M. Stewart Poyadue, MA, MSCC, RN, is founder and Executive Director of Parents Helping Parents, Inc., a San Jose family resource center for children with special needs. Ms. Poyadue, a parent of a special needs child, has developed and conducted numerous workshops on teaching techniques for nurses and understanding special needs children and families. Through numerous professional and civic awards, she has been recognized regionally and nationally as an outstanding educator, administrator and communicator.

SCHEDULE

SUNDAY, MAY 22 — Red Lion Inn
Team Approach to Liver Transplantation

1:30 - 2:40 Liver Transplantation: Who, What and Why?
Patrick Wood, MD

2:40 - 3:20 Nutrition Support and Complications
D. J. Scrivner, RN

3:20 - 3:45 Break

3:45 - 4:25 Take a Ride on the Roller Coaster: Supporting the Child and Family Through Liver Transplantation
Carolyn Scoville, MS

4:25 - 4:30 Session Evaluation

5:30 - 7:00 Wine and Cheese Reception

7:00 - 9:00 **KEYNOTE ADDRESS**
Parent-to-Parent Support: Critical Element of Family-Centered Care
Florene Poyadue, MA, MSCC, RN

MONDAY, MAY 23 —
Peter Kiewit Conference Center

7:30 - 8:30 Continental Breakfast

8:30 - 10:00 Update: Nursing Curriculum Models and Design
Delores Gaut, PhD, RN

10:00 - 10:30 Break

10:30 - 11:45 Incorporation of Developmental Disability Content into the Curricula
Delores Gaut, PhD, RN

11:45 - 1:00 Lunch (on your own along the scenic Central Park Mall)

1:00 - 2:20 Impact of Developmental Disability Upon the Family
Florene Poyadue, MA, MSCC, RN

2:20 - 2:50 Strategies for Curricula

2:50 - 3:15 Break

3:15 - 4:15 Intervention Strategies to Facilitate Parent Involvement
Cordelia Robinson, PhD, RN

4:15 - 4:45 Strategies for Curricula

4:45 - 5:00 Evaluation

TUESDAY, MAY 24 —
Peter Kiewit Conference Center

7:30 - 8:30 Continental Breakfast

8:30 - 9:55 New Trends in Bronchopulmonary Dysplasia: Implications for Developmental Disabilities
Lynne Willett, MD

9:55 - 10:15 Break

10:15 - 11:30 New Trends in Genetics: Implications for Developmental Disabilities
Beth Conover, MS, RN

11:30 - 1:00 Lunch (on your own in the historic Old Market district)

1:00 - 2:30 Developmental Assessment Strategies
Wayne Stuberg, MS, PT
L. Colette Jones, PhD, RN

2:30 - 2:50 Break

2:50 - 4:15 Developmental Assessment Strategies (continued)
Cordelia Robinson, PhD, RN

4:15 - 4:45 Strategies for Curricula

4:45 - 5:00 Evaluation

5:15 - 6:30 Media Review of New Teaching Resources and Cash Bar (at the Red Lion Inn)

WEDNESDAY, MAY 25 —
Red Lion Inn

8:30 - 10:15 Intervention Techniques with Handicapped and At-Risk Infants and Toddlers
Barbara Jackson, MS

10:15 - 10:45 Break

10:45 - 11:30 Intervention Techniques with Handicapped and At-Risk Infants and Toddlers (continued)
Barbara Jackson, MS

11:30 - 11:45 Strategies for Curricula

11:45 - 1:00 Lunch (catered)

1:00 - 2:20 Building the Role of Case Coordination into Primary Care Nursing Education
Sandra Houser, MSN, RN
Joanie Dinsmore, BSN, RN

2:20 - 2:50 Strategies for Curricula

2:50 - 3:15 Break

3:15 - 4:15 Integration of Developmental Disabilities into Student Experiences
Delores Gaut, PhD, RN

4:15 - 4:30 Evaluation

REGISTRATION

AN INSTITUTE FOR NURSING FACULTY

Getting Started Together
May 22 - May 25, 1988 — Omaha

NAME _____ SOCIAL SECURITY # _____

DEGREE OR PROFESSION _____ ☐☐ SPECIALTY _____ ☐☐☐ FOR IOWA LICENSE # _____

ADDRESS _____ CITY _____ STATE _____ ☐☐ ZIP _____

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PLEASE REGISTER ME FOR:

(00) Institute (Keynote plus 5/23-5/25) _____ $55 (01) Keynote Only — Evening 5/22 _____ (no charge)

(02) Pre-Session — Liver Transplantation 5/22 _____ $10

PAYMENT: ☐ _____ Check or money order in the amount of $_____ Payable to UNMC Continuing Education

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CARD NUMBER _____ SIGNATURE _____

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TO REGISTER BY PHONE: Call (402) 559-4523.

RESERVATIONS

RED LION INN RESERVATIONS

PLEASE RESERVE THE FOLLOWING ACCOMMODATIONS:

Accommodations	One Person	Two Persons
ONE BED	$62	$82
TWO BEDS	$62	$82

NUMBER OF ADDITIONAL PERSONS _____

ROOMING WITH _____

Reservations received after May 2 will be confirmed on a space available basis.

To reserve your accommodations, please complete this form by May 2 and mail to:
RED LION INN, 16th and Dodge Streets,
Omaha, NE 68102

NAME _____

ARRIVAL DATE AND TIME _____ AM PM DEPARTURE DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE ( ) _____

CREDIT CARD NAME/NUMBER _____ EXPIRATION DATE _____

Guest rooms will be held until 6 p.m. unless guaranteed by a major credit card or the first night's deposit. If no room is available at the requested rate, reservations will be made at nearest rate or hotel available. Rooms will not be available for occupancy before 3 p.m. on the day of arrival. Requests for direct billing must be made prior to arrival date. The Red Lion Inn requests credit by major credit card be established upon arrival.

RATES ARE SUBJECT TO LOCAL TAXES **CHECK OUT TIME IS 1 P.M.**

The conference will be headquarted at the Red Lion Inn located in the heart of downtown Omaha with complementary services to and from the airport. A block of rooms with special discounted rates has been reserved. Participants are requested to make their own reservations by completing the enclosed registration form. Some of the conference sessions will be held at the Peter Kiewit Conference Center situated on Central Park Mall and within easy access of the hotel.

A conference tailored specifically for nursing faculty with . . .

- Double-thrust sessions:
  - — Content on the care of infants with handicaps and their families
  - — Content on integration of this information into the curriculum
- Information on how others have enhanced their nursing curricula
- Extensive handouts for use at home
- An annotated bibliography of useful course materials
- Opportunities to develop a network of colleagues with similar interests and concerns
- The latest on federal legislation and its implications for caregivers

Featuring nationally known curriculum experts who will . . .

- Demonstrate practical strategies for applying content
- Present the latest on treatment and care techniques for infants with handicaps and their families
- Discuss the dynamics of how to work effectively with the family

University of Nebraska Medical Center
Center for Continuing Education
42nd and Dewey Avenue
Omaha, NE 68105-1065

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Funding has been provided by the U.S. Department of Education, Special Education Programs (Grant Number G008630474).

Getting Started Together:

Health and Education Communities Working with Infants and Families

MODULE 7
Developmental Disabilities

MODULE 8
Case Coordination Process

via

UNCEAN
(Dedicated Telephone Line Network)

sponsored by

Meyer Children's Rehabilitation Institute

and

University of Nebraska
College of Nursing

University of Nebraska Medical Center
Center for Continuing Education
42nd and Dewey Avenue
Omaha, NE 68105-1065

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Getting Started Together

Getting Started Together is a training series for health care and educational professionals who provide instruction, therapy, and care for handicapped and at-risk infants and toddlers. This offering is presenting two modules via the University of Nebraska Continuing Education Network (UNCEAN), frequently called the Dedicated Telephone Line. Handouts for participants will be sent to each site in advance of the presentations. Classroom sites are connected with the originating site; thus, each person has the opportunity to converse with other registrants and the presenter.

Classroom locations are:

ALLIANCE: **High School**—Professional Library, 1450 Box Butte Street, 308-762-1580.
Site Facilitator: Mary Kees, Speech Pathologist, Alliance City Schools

COLUMBUS: **Central Community College**, Platte Campus, West Education Center Building, Room 205, 402-564-7132.
Site Facilitator: Jamey Price, Early Childhood Handicapped Teacher, Lost Creek School

GRAND ISLAND: **Edith Abbott Memorial Library**, Meeting Room 211, North Washington Street,
308-381-5333.
Site Facilitator: Diana McIlnay, Early Childhood Program Teacher, Central Nebraska Support Services Program

LINCOLN: **University of Nebraska-Lincoln**, Nebraska Hall, Room 413, City Campus, 16th & W, 402-472-3587.
Site Facilitator: Kelly Johnson, Homebased Teacher, Lincoln Public Schools

NORTH PLATTE: **Mid-Plains Community College**, McDonald-Belton Campus, Room 123, 308-532-8980.
Site Facilitator: Esther Seanor, Pre-School Coordinator, North Platte Public Schools

OMAHA: **University of Nebraska Center for Continuing Education**, UNMC, 42nd & Dewey Avenue, 402-559-4152.
Site Facilitator: Audrey Nelson, Assistant Professor of Nursing, University of Nebraska College of Nursing

SCOTTSBLUFF: **Panhandle Station**, Room 106, Highway 71, 308-632-1319.
Site Facilitator: Kathy Scott, Education Coordinator, West Nebraska General Hospital

SIDNEY: **ESU #14**, Inservice Conference Room, 1114 Toledo Street, 308-254-4677.
Site Facilitator: Carmela Brown, Director of Patient Services, Memorial Hospital and Home

Programs will be offered April 23, April 30, May 7, and May 14, 1987. Pre-registration by April 10, 1987 is required.

SPONSORS: The University of Nebraska College of Nursing and Meyer Children's Rehabilitation Institute in cooperation with the Center for Continuing Education, University of Nebraska Medical Center, Omaha, Nebraska. This offering is funded in part through a grant entitled "Training Health Professionals in the Care of Handicapped Infants" through the U.S. Department of Education, Number G008630474.

GETTING STARTED TOGETHER

Modules 7 and 8

Thursday Evenings, 7:00-10:00 p.m. (CT); 6:00-9:00 P.M. (MT)

MODULE 7

Developmental Disabilities presents an overview of etiology, characteristics, and developmental implications of selected developmental disabilities.

OBJECTIVES:

Through this series, participants will have the opportunity to:

1. Describe characteristics and etiology for selected conditions affecting infants, toddlers and their families.
2. Identify impact on growth and development of selected conditions on an infant or toddler at-risk with a developmental disability.
3. Identify interventions to maximize the growth and development of an infant or toddler at-risk or with a developmental disability and to prevent complications for the individual.

APRIL 23, 1987

DEVELOPMENTAL DISABILITIES

Fetal Alcohol . . . . . *Beth Conover, MS*
Infections . . . . . *Mark Lubinsky, MD*
Failure to Thrive . . . . . *Dean Antonson, MD*

APRIL 30, 1987

DEVELOPMENTAL DISABILITIES

Bronchopulmonary Dysplasia . . *Barbara Blue, BSN, RN*
Intracranial Bleed . . . . *Margaret Cunningham, MSN, RN*
Myelomeningocele . . . . . *Jack Trembath, MD*

MODULE 8

Case Coordination Process provides information about theory and examples of the case coordination process with particular emphasis upon discharge planning, coordination of home care and support of the family as a unit.

OBJECTIVES:

Through this series, the participants will have the opportunity to:

1. Assess the client's and the family's needs in identifying a case coordinator and identifying responsibilities.
2. As a case coordinator, serve as a consultant to parents and other team members about community support systems.
3. Arrange for continuity of care and the communication of the client's progress after discharge.
4. Assist in the transition period of hospital to home or home to hospital.

MAY 7, 1987

CASE COORDINATION PROCESS

Case Coordination Process . *Kaye Bataillon, MS*
. . . *Barbara Jackson, MS*
Role of the Case Coordinator:
Hospital . . . . . *Barbara Schiebe, RN*

MAY 14, 1987

CASE COORDINATION PROCESS

Case Coordination: Team Focus . . . . . *Panel*
Role of the Case Coordinator:
Education . . . . . *Jessie Rasmussen, MS*

GENERAL INFORMATION

HOURS: 7:00-10:00 p.m. (CT);
6:00-9:00 p.m. (MT).
(Please check in each evening 15 minutes prior to class.)

TARGET AUDIENCE: Health care professionals, educators, and others interacting with infants and toddlers with disabilities and their families.

FEE: The fee for this series is $18 per person for both modules (four sessions) or $10 for each module (two sessions each). The fee includes continuing education credit statement and handout materials.

CANCELLATION: Fee paid will be refunded less a $5.00 processing fee if notice of cancellation is received one week prior to course.

CREDIT: This offering meets the criteria for 3.0 contact hours per session or a total of 12.0 for the entire series of continuing education credit through the College of Nursing which is accredited by the Central Regional Accrediting Committee of the American Nurses' Association. Content includes subject matter in sections 5.3(2)a(1) and (5) of the Iowa Administrative Code. Credit for social workers, dieticians, and physical and occupational therapists has been applied for.

For further information, call or write University of Nebraska College of Nursing, Continuing Nursing Education Program, 42nd & Dewey Avenue, Omaha, Nebraska 68105-1065, (402) 559-6417.

Please Print Clearly

GETTING STARTED TOGETHER
Register by April 10, 1987

Do Not Write in Blocked Areas

NAME _____ SOCIAL SECURITY # _____

R N ___ ; LPN ___ ; BSN ___ ; Other ___ ; [ ][ ] SPECIALTY _____ [ ][ ][ ] FOR IOWA LICENSE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION/TITLE _____ PLACE OF EMPLOYMENT _____

ALUMNUS OF UNMC? YES___ ; NO___ ; FACULTY OR STAFF OF UNMC? YES___ ; NO___

[ ][ ]/[ ][ ] [ ][ ] [ ][ ] [N][G][0][1][5][0][8][7] OFFICE PHONE _____ HOME PHONE _____

Please register me at the following location:
Alliance ___ Columbus ___ Grand Island ___ Lincoln ___
North Platte ___ Omaha ___ Scottsbluff ___ Sidney ___

Please register me for:
___ Entire Series (00) – April 23 & 30, May 7 & 14, 1987 @ $18
___ Module 7 (01) – Developmental Disabilities – April 23 & 30, 1987 @ $10
___ Module 8 (02) – Case Coordination – May 7 – 14, 1987 @ $10

PAYMENT: [ ] ___ Check or money order payable to UNMC, Continuing Education enclosed.
___ Charge to my: ___ MasterCard; ___ Visa; Card Number _____
Good Thru ___/___ Amount Charged $_____ Signature _____ (required on charge request only)

[ ][ ]/[ ][ ] [ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] [ ][ ]/[ ][ ][ ] [ ] [ ][ ][ ][ ]

RETURN TO: Center for Continuing Education, University of Nebraska Medical Center, 42nd and Dewey Avenue, Omaha, Nebraska 68105-1065.
To register by phone call (402) 559-4523.

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APPENDIX B

LISTING OF DISSEMINATION ACTIVITIES

APPENDIX B

LISTING OF DISSEMINATION ACTIVITIES

Poster Board Sessions

Robinson, C., Hays, B., & Jackson, B. (1987, May). Getting started together: An interdisciplinary training project. Poster presented at Early Childhood Research Institute, Washington, DC.

Hays, B., Jackson, B., & Robinson, C. (1987, September). Getting started together: Interdisciplinary approach to continuing education. Poster presented at ANA Council on Continuing Education, Philadelphia, PA.

Robinson, C., Hays, B., & Jackson, B. (1987, October). Getting started together: Interdisciplinary approach to continuing education. Poster presented at Nebraska Academy of Pediatrics Conference, Lincoln, NE.

Robinson, C., Hays, B., & Jackson, B. (1987, November). Getting started together. Materials presented at Early Childhood National Conference, Denver, CO.

Hays, B., Jackson, B., & Robinson, C. (1988, October). Interdisciplinary continuing education: How effective is it? Poster presented at ANA Council for Continuing Education, Minneapolis, MN.

Jackson, B. (1989, May). Getting started together: The product. Poster presented at the University Affiliated Program of South Carolina Early Intervention Faculty Institute, Charleston, SC.

Robinson, C.C. & Jackson, B.J. (1989, May). Getting started together: The process. Poster presented at the Fourth Annual Gulf Coast Conference on Early Intervention: The Development of Competence: Infants and Young Children with Special Needs, Point Clear, AL.

Jackson, B. (1989, October). Getting started together: Interdisciplinary continuing education for care of handicapped infants/toddlers. Poster presented at the Fifth Annual DEC Early Childhood Conference on Children with Special Needs, Minneapolis, MN.

Robinson, C.C., & Jackson, B.J. (1989, October). Getting started together: The process. Poster presented at the 1989 Annual Meeting of the American Association of University Affiliated Programs, Baltimore, MD.

Workshop Presentations

Jackson, B. (1989, May). Strategies for comprehensive statewide personnel development. Presentation at the Federal Interagency Coordinating Council Conference - Family and Professionals, Unbeatable Teams for Children with Disabilities, Washington, DC.

Robinson, C., Hays, B., & Jackson, B. (1989, May). Interdisciplinary continuing education: How effective is it? Presentation at the American Association on Mental Retardation 1989 Annual Meeting, Chicago, IL.

Jackson, B., & Lawrence, B. (1989, August). Dissemination of self-instructional packets. Presentation at the Headstart Regional Access Project, National Directors Meeting, Washington, D.C.

Media Festivals

Jackson, B. (1989, May). Observing infants' sensorimotor development. Videotape and manual presented at Infant Conference 1989 - Moving from Research to Practice: Directions for Implementing Infant Services in the Nineties, Los Angeles, CA.

APPENDIX C

DISSEMINATION BROCHURES

Getting Started Together

Course Outline for Instructors . . .

Meyer Rehabilitation Institute

College of Nursing

University of Nebraska Medical Center

Course Outline for Instructors . . .

GETTING STARTED TOGETHER MODULE SYLLABI, a detailed summary guide for six training modules, provides 36 hours of diverse curriculum materials for health care and educational professionals who provide instruction, therapy or care for handicapped and at-risk children from birth to 3 years of age. Training focuses on tested strategies for working with handicapped infants in the context of the family systems approach.

GETTING STARTED TOGETHER materials:

- Limit class preparation time,
- Represent diverse and timely topics within a single, spiral bound resource,
- Are relevant to issues under Public Law 99-457,
- Include extensive bibliographies and selected references,
- Help organize continuing education sessions.

Interdisciplinary Approach . . . .

GETTING STARTED TOGETHER materials were prepared by an interdisciplinary team from the University of Nebraska Medical Center's College of Nursing, Meyer Rehabilitation Institute and by community-based professionals under a grant from the U.S. Department of Education, Special Education Program.

[40 a]

Six Modules . . . .

A detailed outline and supporting articles are provided for each training module. Modules are designed for use in university classes, inservice sessions, extension courses and a variety of other teaching situations dealing with the care of infants with disabilities and their families.

- *Families' Reactions to the Diagnosis of a Child's Disability* and *Intervention Techniques with Parents*
  Presents information on the impact of a handicapped or at-risk infant on a family's acceptance of and adjustment to the infant *(63 pages)*.

- *Assessment of Handicapped and At-Risk Infants*
  Presents a common core of knowledge about infant development and the assessment of handicapped and at-risk infants for professionals representing a variety of disciplines *(126 pages)*.

- *Intervention Techniques with Infants in the NICU*
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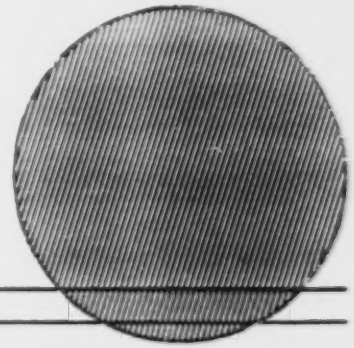

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